



17W 3693
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In re Application of:

NATAN ELAZAR TIEFENBRUN

Application No.: 09/903,674

Filed: July 13, 2001

For: SYSTEM FOR ISOLATING
CLIENTS AND BIDDERS IN
A MULTIPLE RISK BID MARKET

Docket No. 02649.000007

Examiner: J.M. Borlinghaus

TC/Art Unit: 3693

Confirmation No.: 4290

Date: December 5, 2006

Mail Stop: Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | |
|---|--|-------|--|-------------------------|------------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 21 | MINUS | ** 20 | = 1 | x \$25 \$50 | \$50 |
| INDEP. CLAIMS | * 4 | MINUS | *** 4 | = 0 | x \$100 \$200 | \$0 |
| Fee for Multiple Dependent claims \$180/\$360 | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--- | | | | | | \$50 |

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

☒ A check in the amount of \$50.00 is enclosed.

☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

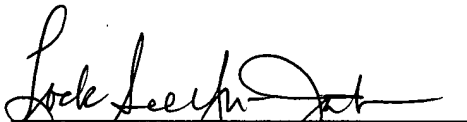
☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$___ to cover the fee for a ___-month extension is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Lock See Yu-Jahnes
Attorney for Applicant
Registration No. 38,667

FITZPATRICK, CELLA, HARPER & SCINTO
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